



South Dakota State University

High School Concurrent Admission/Registration Form

Legal Name _____ Social Security Number _____
Last First Middle

Preferred First Name _____ Birth Date _____

Permanent Mailing Address

Street _____ City _____ State _____ Zip Code _____

Telephone (____) _____ - _____ E-mail Address _____

Next of Kin

Name _____ Relationship to you _____

Street _____ City _____ State _____ Zip Code _____

Telephone (____) _____ - _____

The following information is optional. The information is used in compliance with Title VI of the Civil Rights Act of 1964. Your responses in no way affect your admission.

- Gender Male Female
 Ethnic Group American Indian or Alaskan Native Asian or Pacific Islander Black, not of Hispanic Origin Hispanic
 White, not of Hispanic origin Other Do not wish to respond

Educational Data

High School Attended _____
School City State

Date of High School Graduation (MM/YY) ____/____/____

Have you taken the ACT test? Yes No Date Tested (MM/YY) ____/____/____ Composite Score _____

Have you taken the SAT test? Yes No Date Tested (MM/YY) ____/____/____ Composite Score _____

Were your scores sent to SDSU? Yes No

In order to be admitted as a concurrent student, you must obtain signatures of approval from the following:

Approval of Parent _____

Approval of School Official _____

For Office Use Only:
 _____ Admissions
 _____ Records
 Total Money Rec'd:
 \$ _____
 Cash Check Credit Card

Course Information

Semester you wish to enroll: Fall _____ Spring _____ Summer _____

Have you ever enrolled in classes at SDSU? Yes No If yes, when? _____

Have you ever enrolled in classes at another post secondary institution? Yes No If yes, where? _____

Location of class(es) _____

5 Digit Course Number	Dept.	Course Number	Section	Course Title	Credit Hours

With my signature below I verify that all information on this application is complete and accurate to the best of my knowledge. If admitted, I agree to observe the rules and regulations of South Dakota State University and to pay all fees and charges assessed thereunder.

Signature _____ Date _____